

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 43747
11023

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (in this place) 25 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) X TOWN SAINT LOUIS COUNTY - LADUE 4421			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) # 8 FORDYCE LANE			
3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE		b. (Middle) L		c. (Last) LEE		4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 22, 1950	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 17-1888		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising Executive D'Arcy Advertising		10b. KIND OF BUSINESS OR INDUSTRY 681		11. BIRTHPLACE (State or foreign country) Monroe, North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE SAMUEL LEE		13b. MOTHER'S MAIDEN NAME MARY LANEY		14. NAME OF HUSBAND OR WIFE BEATRICE THOMAS LEE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W.I. 488-05-2480		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beatrice T. Lee., 8 Fordyce Lane			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to liver				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 6 MONTHS	
19a. DATE OF OPERATION 12/6/50		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF PANCREAS				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from NOVEMBER 27, 1950 to DECEMBER 22, 1950, that I last saw the deceased alive on DECEMBER 22, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE F. R. Bradley M.D. 0 (Degree or title)				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 7		24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI.	
DATE REC'D BY LOCAL REG. DEC 23 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11023

JAN 22 1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.